

~ NOTICE ~

All students participating in extracurricular activities must have this form completely filled out, signed and on file at the school prior to practice or participation.

(This acknowledgement form must be signed by the parent/guardian and student before participating in any extracurricular activity. An acknowledgement sheet must be signed every year while a student is enrolled at the Gilmanton High School.)

GILMANTON SCHOOL DISTRICT – STUDENT ACTIVITIES CODE

I have read the Gilmanton MS/HS rules and activities code policy adopted by the Administration, Coaches, and Board of Education. I accept these rules and agree to abide by them and any or all rules set by the Dairyland Conference and the W.I.A.A.

I fully understand and accept the responsibilities of participating in extracurricular activities and representing the School District of Gilmanton and will strive to uphold the required standards.

Parent/Guardian Signature

Date

Student Signatures

ALTERNATE YEAR ATHLETIC PERMISSION FORM

(FILL OUT ONLY IN A YEAR THAT A GREEN PHYSICAL CARD IS NOT NEEDED)

Physical Date _____

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved sports.
2. I also attest to the fact that the above named student has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year.
3. I further grant permission for any medical records pertaining to the health of the above named student be made available as necessary to the proper school district personnel and appropriate health care providers, including emergency medical personnel.
4. It is recommended that the information regarding your child's allergies and prescribed medication be made available.

Parent: If there is any question that this student may not be qualified for athletic competition without, at least, a partial re-evaluation, contact your medical advisor before signing this form.

Parent/Guardian Signature _____ **Date** _____